



# ERIE COUNTY

<b>Issue Date:</b> May 24, 2002	<b>Request for Proposal Number:</b> (Staff will complete)	<b>For:</b> FY 2003 Human Services Public Benefit Funding
<b>Department:</b> Environment and Planning	<b>Date/Time of Closing:</b> 2:00 PM July 9, 2002	<b>Contact Person:</b> Roberta Rifkin 716-858-7257 <a href="mailto:Rifkinr@erie.gov">Rifkinr@erie.gov</a>

## ERIE COUNTY HUMAN SERVICES PUBLIC BENEFIT FUNDS FISCAL YEAR 2003

### PROPOSAL COVER SHEET

**READ AND SIGN BELOW. UNSIGNED COVERSHEETS WILL NOT BE ACCEPTED.**

**REQUEST: Fiscal Year 2003 \$** \_\_\_\_\_ **FY 2002 Request: \$** \_\_\_\_\_ **/Received: \$** \_\_\_\_\_

Program Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Identify if proposal is being submitted in collaboration with other non-profit organization(s):

☐ Yes ☐ No List Other Organization(s) by Name: \_\_\_\_\_

<b>SIGN BELOW, PROPOSALS WITH AN UNSIGNED COVERSHEET WILL NOT BE CONSIDERED</b>	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information regarding this proposal reflects accurate data regarding need, and estimates of planned/delivered services. This proposal was considered and approved for submission by the Board of Directors on _____ (date). By signing this application, the undersigned offers and agrees, if the proposal is accepted, to furnish items or services for which prices are quoted, subject to final negotiation and acceptance by Erie County and subsequent contract award.	
Executive Director – Signature _____	Date _____
Chair, Board of Directors _____	Date _____

**Deadline: All proposals must be received by 2:00 PM, July 9, 2002 to be considered for this funding**  
**Erie County, Department of Environment and Planning**  
**95 Franklin Street, Room 1064**  
**Buffalo, New York 14202**

## PROPOSAL SUMMARY SHEET

1. Program Title: \_\_\_\_\_ 2. Funding Request: FY 2003 \_\_\_\_\_

3. Organization Name: \_\_\_\_\_

4. Organization Address: \_\_\_\_\_

5. Federal Tax ID #: \_\_\_\_\_ 6. Date of Incorporation: \_\_\_\_\_

7. What is your organization's mission, and how does the program relate to it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. In what year was your organization incorporated as a not for profit? \_\_\_\_\_

501(c)3 Certification ☐ Yes ☐ No

9. FUNDING PRIORITY: (Check up to two outcome areas, or up to three in the case of collaborative proposals with multiple organizations, and identify the percent of Public Benefit Funding allocated to each.)

Percent of funding request

a. Outcome 1 Children, Families and Individuals are healthy and stable.....☐ \_\_\_\_\_

b. Outcome 2 Children, Families and Individuals meet their basic needs.....☐ \_\_\_\_\_

c. Outcome 3 Communities are safe, supportive, inclusive and thriving.....☐ \_\_\_\_\_

10. (Check one.) ☐ New Program ☐ Currently receives Public Benefit Funds ☐ Has received Public Benefit Funds

11. List the zip codes in which a MAJORITY of your clients reside. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Brief Program Description: (Include need addressed, population served and how Public Benefit Funds will be used.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. For the current fiscal year: Organization's total budget revenue \$ \_\_\_\_\_ total budgeted expenses \$ \_\_\_\_\_

Revenue Sources:

\_\_\_\_\_ % government (city, county, state, federal)

\_\_\_\_\_ % United Way

\_\_\_\_\_ % membership

\_\_\_\_\_ % fees

\_\_\_\_\_ % grants

\_\_\_\_\_ % investment income

\_\_\_\_\_ % fund raising (e.g. events, gifts, etc.)

# Program Outcome Worksheet

(Complete a separate worksheet Q14 – Q22 for each proposed program outcome.)

Organization: \_\_\_\_\_

Program: \_\_\_\_\_

## 14. Program Inputs:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 15. Program Activities:

_____
_____
_____

## 16. Projected Outcomes:

Short Term

_____
-------

Intermediate Term

_____
-------

Long Term

_____
-------

## 17. Percentage of total expected to Achieve Long Term Outcome:

Individuals      Families

## 18. Statement of Need

a. What is the need for your proposed program? Describe the conditions of your consumers.

_____
_____
_____
_____

b. How do you know that the consumer wants this service? How accessible is the service to your consumers?

_____
_____
_____

c. How many individuals and/or families will be served with this grant? Individuals \_\_\_\_\_ Families \_\_\_\_\_

## 19. Outcome Measurement

a. What will you measure to know if you reach your outcomes?

_____
_____
_____
_____
_____

b. What will tell you that you have achieved your outcomes?

c. When will these targets be achieved?

20. Demographic information

Provide the following demographic information for the total number of unduplicated clients, who are expected to be served by the program in FY 2003.

AGE LEVELS	ETHNICITY	SEX
0-5	Caucasian	Male
6-12	Hispanic	Female
13-17	African-American	TOTAL*
18-34	Native American	
35-54	Asian	
55-59	Other (specify)	
60-64	TOTAL*	
65+		
TOTAL*		

21. Collaboration

a. Collaborating Organization	Contact Person	Phone Number	Role(s) of Partners

b. Do you know of other groups doing similar work? If so, how does your work differ from or complement theirs?

-----

-----

-----

-----

-----

-----

-----

**22. Activity Schedule**

a. Identify the plan for implementing the activities over the grant period from January 2003 through December 2003.

January	July
February	August
March	September
April	October
May	November
June	December

b. What plans are there to continue the program past the grant period?

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

## Project Budget Sheet

Provide the following information regarding the project for which you seek funds.

<b>23. Project Revenues</b>	<b>FY 2002</b>	<b>FY 2003 (estimated)</b>
1. Grant Request		
2. Federal		
3. State		
4. Local (Town, village, etc.)		
5. *Erie County		
6. United Way		
7. Foundations/corporate grants		
8. Fees		
9. Fund raising/donations		
10. Miscellaneous revenue		
<b>11. Total Revenue</b>		

\*If you receive funding, or are requesting funding from other Erie County departments for this program or any other program, please list the department and the amount.

Department	Amount	Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>24. Expenses</b>	<b>FY 2002</b>	<b>FY 2003 (estimated)</b>
12. Salaries of project staff		
13. Fringe benefits		
14. Rent/Mortgage		
15. Postage		
16. Printing		
17. Travel		
18. Insurance		
19. Professional Fees		
20. Communications (phone, cell, internet)		
21. Supplies		
22. Miscellaneous expenses		
<b>23. Total Expenses</b>		

## APPLICATION CHECKLIST

Please ensure that the following is included as part of your application package:

- ☐ **Signed and dated the application certification on page 1.**
- ☐ Reviewed and complied with eligibility requirements.
- ☐ Enclosed **5 complete copies** of the application (clip or staple, **do not bind**) including:
  - ☐ 5 copies of the **Application Form**.
  - ☐ 5 copies of your organization's **Not For Profit Documentation**.
  - ☐ 5 copies of a **Current Financial Audit**.
  - ☐ 5 copies of your current **Federal Tax form 990**.
  - ☐ 5 copies of your **Current Board of Directors Roster**.
  - ☐ 5 copies of your **FY 2002 Organization-Wide Budget**.
  - ☐ 5 copies of **Collaborative Agreement or Letter** (if applicable)